



COVID-19 FAQ for Providers

Last updated: August 2022

General

Q. What is Fallon doing to address COVID-19?

A. We are continuing to monitor developments and following guidance from the CDC and state Departments of Public Health, particularly at our PACE sites in Massachusetts and New York. We are also educating employees and members on steps they can take to prepare and stay healthy, and we are continually assessing whether emergency preparedness plans and modifications to plan practices need to be implemented. We have set up a toll-free COVID-19 help line members can call with questions. That number is 1-877-835-8440.

Q. Is Fallon complying with all Massachusetts Division of Insurance (DOI) bulletins and all MassHealth Managed Care Entity (MCE) bulletins regarding COVID-19 testing and treatment?

A. Yes. Fallon is implementing the guidance provided in the DOI bulletins and the MCE bulletins.

Q. How is Fallon handling Utilization Management/Prior Authorization reviews?

A. Fallon Health has resumed full Utilization Management/Prior Authorization (UM/PA) review related to Acute Inpatient Hospital, Elective Surgeries and Post-Acute Admissions, with the exception of waiver of authorization for Covid-19 treatment for **Commercial members** pursuant to DOI Bulletin 2021-08 (<https://www.mass.gov/doc/bulletin-2021-08-responding-to-covid-19-risks-following-end-of-state-of-emergency-issued-august-31-2021/download>).

For Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare members, out-of-network prior authorization is waived, however, services subject to medical necessity criteria will still need prior authorization, regardless of network status. To determine if a service meets this criteria, use our procedure code look up tool available online at <https://fchp.org/Providertools/ProcedureCodeLookup/>.

Q. How is Fallon implementing sequestration reductions on claims payments?

A. In line with CMS guidance, Fallon Health extended the suspension of the payment reduction through March 31, 2022. Fallon Health is implementing the reduction on Fallon Medicare Plus and Fallon Medicare Plus Central applicable payments as follows:

- Effective 4/1/22-6/30/22 a 1% reduction
- Effective 7/1/22 a 2% reduction

Billing

Q. How should I bill for COVID-19 vaccine administration?

A:

For Fallon Medicare Plus, Fallon Medicare Plus Central, NaviCare SNP and Summit ElderCare: Providers should submit a claim directly to Fallon Health for the vaccine administration (you should no longer bill the CMS Medicare Administrative Contractor).

For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan and NaviCare SCO: Providers should submit a claim to Fallon Health for the vaccine administration with an accompanying claim line for the vaccine with an SL modifier and a charge of \$0.00.

For Commercial and Community Care members: Providers should submit a claim to Fallon Health for the vaccine administration.

Q. How should I bill for COVID-19 related testing?

A. Fallon Health is covering medically necessary testing for the diagnosis of COVID-19. Please ensure that the appropriate documentation supporting medical necessity is included in the patient's medical record when ordering the test.

Q. What diagnosis codes should I use for COVID-19 testing?

A. Together, the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS), issued ICD-10-CM Official Guidelines for Coding and Reporting for FY 2022, effective for dates of service October 1, 2021 through September 30, 2022 (Updated April 1, 2022). (<https://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines-updated-02012022.pdf>).

Coding for encounters with dates of service on or after October 1, 2021:

- COVID-19 infection (infection due to SARS-CoV-2): Code U07.1, 2019-nCoV acute respiratory disease, only for a confirmed diagnosis of COVID-19 infection (infection due to SARS-CoV-2) as documented by the provider or documentation of a positive COVID-19 test result. When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.
- Acute respiratory manifestations of COVID-19: When the reason for the encounter is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses. The following conditions are examples of common respiratory manifestations of COVID-19:
 - Pneumonia: For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.82, Pneumonia due to coronavirus disease 2019.
 - Acute bronchitis:
 - For acute bronchitis confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J20.8, Acute bronchitis due to other specified organisms.
 - Bronchitis, not otherwise specified (NOS) due to COVID-19, assign codes U07.1 and J40, Bronchitis, not specified as acute or chronic.
 - Lower respiratory infections:
 - If COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, U07.1, COVID-19, and J22, Unspecified acute lower respiratory infection, should be assigned.
 - If COVID-19 is documented as being associated with respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

- Acute respiratory distress syndrome: For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, COVID-19, and J80, Acute respiratory distress syndrome.
- Acute respiratory failure: For acute respiratory failure due to COVID-19, assign code U07.1, COVID-19, and code J96.0-, Acute respiratory failure.
- Non-respiratory manifestations of COVID-19: When the reason for the encounter is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.
- For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.822, Contact with and (suspected) exposure to COVID-19.
- For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.822, Contact with and (suspected) exposure to COVID-19.
- Signs and symptoms without definitive diagnosis of COVID-19: For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
 - R05 Cough
 - R06.02 Shortness of breath
 - R50.9 Fever, unspecified
- Multisystem Inflammatory Syndrome
 - For individuals with multisystem inflammatory syndrome (MIS) and COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code M35.81, Multisystem inflammatory syndrome, as an additional diagnosis.
 - If MIS develops as a result of a previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and U09.9, Post COVID-19 condition, unspecified.
 - If an individual with a history of COVID-19 develops MIS and the provider does not indicate that MIS is due to the previous COVID-19 infection, assign codes M35.81 and Z86.16.
 - If an individual with a known or suspected exposure to COVID-19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and Z20.822, Contact with and (suspected) exposure to COVID-19.
- Other Specified Systemic Involvement of Connective Tissue (M35.89)
 - Currently, there are no specific guidelines for this diagnosis code. Therefore, physician documentation will state M35.89 as the diagnosis and any additional
 - codes will follow the coding guidelines.
- Post COVID-19 Condition
 - For sequela of COVID-19, or associated symptoms or conditions that develop following a previous COVID-19 infection, assign a code(s) for the specific symptom(s) or condition(s) related to the previous COVID-19 infection, if known, and code U09.9, Post COVID-19 condition, unspecified.
 - Code U09.9 should not be assigned for manifestations of an active (current) COVID-19 infection.
- Screening for COVID-19
 - During the COVID-19 Public Health Emergency, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19

Covid-19 Test Claims billed using ICD-10 Diagnosis Code Z11.59 will be denied for commercial plan members

Q. If a provider is doing work outside of their normal scope, e.g., an anesthesiologist working in the Emergency room, will Fallon cover their services?

A. If the work being done by the provider in question is included in their credentialed scope of service, and if our provider contract is set up to pay this type of claim, Fallon will pay the claim.

Coverage/Member cost-sharing

Q. Will Fallon waive deductible and/or cost-sharing requirements for enrollees with costs related to COVID-19 testing or treatment?

A. Yes. Fallon members will have no cost-sharing for medically necessary COVID-19 services until further notice.

Q. What COVID-19 related testing is Fallon covering?

A. Fallon is covering COVID-19 diagnostic testing based on CDC and other regulatory guidance. If a provider orders a COVID-19 diagnostic test based on medical necessity, e.g. the patient exhibits symptoms or has been exposed to a known COVID-19 positive individual, that test will be covered with no cost-sharing to the member. Please note that Federal guidelines do not support the use of antibody testing to diagnose or exclude COVID-19 infection. Therefore, Fallon Health requires prior authorization for COVID-19 antibody testing.

Q. Is Fallon covering home testing?

A. Fallon began covering over-the-counter COVID-19 tests for all Fallon members whose plan includes a pharmacy benefit as of January 15, 2022. For details by product, visit <https://www.fchp.org/covid-tests.aspx>

Q. Is Fallon covering specimen collection for COVID-19 diagnostic testing?

A. Fallon is covering specimen collection for COVID-19 diagnostic testing. Please see the Laboratory and Pathology Payment Policy for the applicable CPT and HCPCS codes for details: <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx>.

Effective March 31, 2022, consistent with MassHealth guidance, Fallon will not reimburse HCPCS codes G2023 and G2024 for specimen collection when billed by a physician, acute outpatient hospital, community health center, family planning agency, or clinical laboratory for Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, NaviCare and Summit ElderCare members.

Q. Are referrals required for any services for Fallon Health members while the applicable Federal Public Health Emergency is in effect?

A.
For Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare: while we are encouraging members to contact their primary care provider first for discussion and advice, based on guidance from the Centers for Medicare & Medicaid Services, referrals will not be required for members of these plans until further notice.

For Medicaid ACO Plans: Fallon 365 Care, Wellforce Care Plan, and Berkshire Fallon Health Collaborative: while we are encouraging members to contact their primary care provider first for discussion and advice, based on guidance from MassHealth, referrals will not be required for members of these plans until further notice.

For Fallon Commercial products and Community Care: PCP referrals are still required for applicable services.

Q. Should we be collecting copayments and/or other cost-sharing from Fallon patients whose services are being billed with COVID-19 diagnosis code?

A. Fallon members will have no cost-sharing for medically necessary COVID-19 services, so you should not collect any copayments and/or other cost-sharing for services billed as COVID- 19, until further notice.

Telemedicine

Q. Is Fallon covering telemedicine services to ensure access to care while reducing the opportunities for disease transmission?

A. Yes. Until further notice, Fallon is covering telemedicine visits for all members for both COVID-19 and non-COVID-19 related services for all members. Cost sharing will be waived for COVID 19 related services.

Additionally, until further notice, for telehealth visits providers will be reimbursed at the same rate as an in-person visit. For full details of the policy, please visit the payment policies page on our provider portal at <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx>.

Fallon members who have the Teladoc benefit and/or Care Connect can also use those channels to receive medical services or advice.

Q. What provider types/services done via telemedicine are covered?

A. Until further notice, the following providers are eligible to furnish telehealth services:

- Physicians, podiatrists, optometrists
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists and clinical social workers
- Registered dietitians or nutrition professionals
- Physical therapists
- Occupational therapists
- Speech-language pathologists
- Early Intervention providers (see Early Intervention Payment Policy for additional information)

Q. Is Fallon covering PT/OT/ST services when delivered telephonically?

A. Yes. Members of commercial products and Fallon 365 Care, Berkshire Fallon Health Collaborative, and Wellforce Care Plan can access PT/OT/ST services through both telephonic and video telehealth visits. Members of Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare can access PT/OT/ST services through video telehealth visits, and some services through telephonic visits. All cost sharing for medically necessary telehealth services will be waived. This will be effective until further notice. For reimbursement information and coding, providers should consult the Telemedicine Policy located on our payment policies page on our provider portal at [http://www.fchp.org/en/providers/criteria-policies-guidelines-payment-policies.aspx](http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx)

Q: Should a provider bill 99441-99443 and 98966-98968 when conducting a telephonic visit?

A: Yes and providers could consult the Telemedicine Policy located on our payment policies page on our provider portal at <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx> for specific details. For commercial, Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare telephone services, Fallon has created and added these codes to a newly created fee schedule(s) titled Fallon Health Telephone Fee Schedule. Please contact your Contract Manager for any questions related to this Fee Schedule.

Q. Is Fallon covering preventive visits when performed via telehealth?

A. Preventive visits are critical to ensuring the health and well-being of plan members. Until further notice,

Fallon will reimburse plan providers for a preventive visit delivered via telehealth when a preventive visit is clinically appropriate for the plan member (i.e., the physical examination can be deferred) and the plan member has consented to the telehealth visit. Documentation must include a follow-up plan for any components of the preventive visit deferred due to telehealth. Claims for Preventive Medicine Services and any additional services reported in addition to the Preventive Medicine Service delivered via telehealth, must be submitted with Place of Service 02.

For those preventive visits delivered via telehealth, there are components of a Preventive Medicine Service that cannot be completed via telehealth. These components should be completed as soon as possible.

When a Preventive Medicine Service has been delivered via telehealth and reimbursed by Fallon Health:

- ***For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, NaviCare and Summit Elder Care plan members***, Fallon will reimburse one in-person follow-up Evaluation & Management (E/M) Service to complete the components of the Preventive Medicine Service not performed on the day of the Preventive Medicine Service. The follow-up E/M Service can be billed with CPT code 99211, 99212 or 99213, depending on the complexity of the visit. Additional services, such as immunization administration and visual acuity screening, may be reported in addition to the E/M Service.
- ***For commercial, Fallon Medicare Plus and Fallon Medicare Plus Central plan members:*** Fallon will not reimburse an additional Preventive Medicine Service or E/M Service to complete components of the Preventive Medicine Service not performed via telehealth. Immunization administration and visual acuity screening will be reimbursed.